

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="border: 1px solid black; padding: 2px;">1594867</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1												
2		1											
3		1 2											
4		1											
5		1											
6		1											
7		1											
8		1											
9		1											
10		1											
11		1											
12		1											
13		1											
14	1												
15		1											
16		1											
17		1											
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
38													
39													
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
51													
52													
53													
54													
55													
56													
57													
58													
59													
60													
61													
62													
63													
64													
65													
66													
67													
68													
69													
70													
71													
72													
73													
74													
75													
76													
77													
78													
79													
80													
81													
82													
83													
84													
85													
86													
87													
88													
89													
90													
91													
92													
93													
94													
95													
96													
97													
98													
99													
100													
TOTAL IND.	2	↓		↓		↓		TOTAL IND.		↓		↓	
TOTAL DEP.	15	←		←		←		TOTAL DEP.		←		←	
TOTAL CLAIMS	17							TOTAL CLAIMS					